

CLAIMS ONLY						Application Number <u>10/694976</u>	Filing Date		
						Applicant(s)			
<u>10-24-05</u>						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
4							54		
5							55		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			<u>2</u>				Total Indep		
Total Depend			<u>8</u>				Total Depend		
Total Claims			<u>10</u>				Total Claims		